MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02531

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dentsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Annie (Last) Baker

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Her Family

11. BIRTHPLACE (State or foreign country): St. Marys Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Miles

14. MOTHER'S MAIDEN NAME: Mary Jane Sayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Bradley Baker, Dentsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 11 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1951, to 3/14, 1951, that I last saw the deceased alive on 3/13, 1951, and that death occurred at 2:35 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Richard F. Daly | M.D | La Plata | 3/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-17-51 | NAME OF CEMETERY OR CREMATORY: St. Joseph | LOCATION (City, town, or county) (State): Morganza, Md

DATE REC'D BY LOCAL REG. 3/16/51 | REGISTRAR'S SIGNATURE: Julia H. Casey | 24. FUNERAL DIRECTOR: Hunt & Ryon | ADDRESS: Wesley, Md


RECEIVED
1951

M

02532

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Faulkner, Chas, MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) — LENGTH OF STAY (in this place) 4 mos.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Faulkner
   STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) ROBERT (Last) BUSH
4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Nov 19, 1950
9. AGE last birthday yrs. — If under 1 year: Months 4 mos, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ~~Maryland~~ Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME ~~Moses~~ Eugene Bush
14. MOTHER'S MAIDEN NAME Mary Alice Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Alice Bush, Faulkner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Sickle cell crisis

292.6 Antecedent cause(s) — 4 mos.

73 d. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sickle cell anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to Mch, 1951, that I last saw the deceased alive on 2/23, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE Richard T. Daly, M.D. (Degree or title) ADDRESS La Plata, Md. DATE SIGNED 3/19/51

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify) — DATE 3/20/51 — NAME OF CEMETERY OR CRETORY St Mary — LOCATION (City, town, or county) New Port (State) Md

DATE REC'D BY LOCAL REG. 3/20/51 — REGISTRAR'S SIGNATURE Julia H. Vasey — 24. FUNERAL DIRECTOR J. Hunter Gay — ADDRESS Waldorf, Md

90 X190990997

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15


RECEIVED
MAR 29 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02533

CERTIFICATE OF DEATH

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Coates	March	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Black	W	7/18/1886	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Slef Self	Chas. Co., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Ford	Mary Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no no	no	Evelyn Hardy, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

410 X Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92 b (b) cardiosvascular disease — 5 yrs.

(c) mitral stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1948, to March, 1951, that I last saw the deceased alive on March 25 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred R Lapin	M.D.	Clinton, Md.	3/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/31/51	St. Peters	Waldorf, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/30/51	M. L. Monroe	Hunt & Ryon	Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

02534

Reg. Dist. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grayton
LENGTH OF STAY (In this place): 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md — COUNTY: Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Thomas	Gaines	March	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	S	8-20-1950	yrs.	7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant		Grayton, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Benjamin Gaines	Clara Bannister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Robt. B. Gaines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia, acute	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Upper Respiratory infection	2 wks
490.8 107	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank G. Susan	M.D.	Indian Head, Md.	3/22/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/51	Oak Grove Baptist Church	Grayton, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/51	I. V. Thompson	None-To be buried by father	

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Evidence for change in 9 shown on:

FILM No. G 131APR 2 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02535

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryantown Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Hanson (Middle) (Last) Hamilton

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1951

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH June 10 1888 | 9. AGE last birthday 63 62 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Falls mills West V.a | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME John Henry Hamilton | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Anna Verkoski Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 3-8-51

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE C. Medelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 3-8-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/13/51 | NAME OF CEMETERY OR CREMATORY Oakland | LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 3/9/51 | REGISTRAR'S SIGNATURE Julia H. Posey | 24. FUNERAL DIRECTOR Smith & Ryon ADDRESS Waldorf Md

10010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02536

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Marshall Corner
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Marshall Corner
STREET ADDRESS (If rural, give location) La Plata, P.O.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) HARVEY

4. DATE OF DEATH: (Month) 3 (Day) ~~21~~ (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-15-1900

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farm

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Watson Wheeler

14. MOTHER'S MAIDEN NAME: Eliza Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Grace Culbreath (Daughter), N.Y. City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous pneumonia

002x Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tbc — Interval Between Onset and Death: 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1951, to 3/21, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Richard T. Daly, M.D. — La Plata, Md. — 3/21/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/25/51 — NAME OF CEMETERY OR CREMATORY: Trinworth — LOCATION (City, town, or county) (State): Farmville, Va.

DATE REC'D BY LOCAL REG. 3/22/51 — REGISTRAR'S SIGNATURE: Julia H Vasey

24. FUNERAL DIRECTOR — ADDRESS: Robt. F. Mason & Co - 2500 Nichols Ave. SE Washington, D.C.


RECEIVED
MAR 26 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02537

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1-Stone

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wicomico Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harriet (Middle) (Last) Hawkins
4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1951
5. SEX: F
6. COLOR OR RACE: Negro
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1-1-1881
9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Dwg
11. BIRTHPLACE (State or foreign country): Charles
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Hicks
14. MOTHER'S MAIDEN NAME: Anna Monroe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Martha Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	3-17-51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gen. Art. Sclerosis	1948
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1948, to 3-17, 1951, that I last saw the deceased alive on 3-17, 1951, and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 3-17-51

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) | DATE 3/21/51 | NAME OF CEMETERY OR CREMATORY Trinity | LOCATION (City, town, or county) (State) Nanjemoy Md

DATE REC'D BY LOCAL REG. 3/20/51 | REGISTRAR'S SIGNATURE Julia A. Posey | 24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02538

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9145-15M

1. PLACE OF DEATH:
County: Charles
City or town: Grayton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles.
City or town: Grayton.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ernest Norman Henderson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Lottie Henderson
6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Sept 16 1879

8. AGE: Years 71 | Months 6 mo. | Days 6 | If less than one day ... hrs. ... min.

9. Birthplace: Grayton Chas Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business: owner

FATHER
12. Name: Geo. W. Henderson
13. Birthplace: Charles Co. Md.

MOTHER
14. Maiden name: Kate Norman
15. Birthplace: Charles Co. Md.

16. Informant: Lottie Henderson
Address: Grayton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-26-51 (month) (day) (year)
Cemetery or crematory: Baptist
Location: Rehoboth
18. Funeral director: Hunt & Dyson
Address: Waldorf

19. 3-24 1951 (Date rec'd by registrar) M. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1951, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 1951 to March 23 1951
and that I last saw him alive on March 23 1951

	DURATION
Immediate cause of death: Benign Tumor of Intestine	
Due to: Cardio-respiratory failure	
Due to:	
Other conditions: 211 x 562 (Include pregnancy within 3 months of death)	

Major findings of operations: ... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ... Injured at work?

23. SIGNATURE: Geo. C. Bicknell M.D.
M. D. or other
Address: Marbury Md. Date signed March 24 1951

100105

Evidence for change in #9 shwon on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02539

FILM No. G 131 MAR 19 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Hill (Last)

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Apr 1883

9. AGE last birthday: 68 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Self Family

11. BIRTHPLACE (State or foreign country): Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: William Donley

14. MOTHER'S MAIDEN NAME: Delia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Mary V. Holton Issue Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 2-28-51

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart — 1-6-48

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28 1951, to 3-7 1951, that I last saw the deceased alive on 3-6 1951, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE L. Redelen (Degree or title) M.D. ADDRESS Leonardtown, Md DATE SIGNED 3-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 3/10/51 | NAME OF CEMETERY OR CREMATORY Holy Rood | LOCATION (City, town, or county) Issue (State) Md

DATE REC'D BY LOCAL REG. 3/8/51 | REGISTRAR'S SIGNATURE Julia H. Posey | 24. FUNERAL DIRECTOR Hewitt & Ryon Waldorf ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

02540

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Waldorf Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) Victoria (Last) Miles

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1951

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Wid

8. DATE OF BIRTH: Oct 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Waldorf Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Clark

14. MOTHER'S MAIDEN NAME: Winnie Brawner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-16-0808

17. INFORMANT AND ADDRESS: Lucie M Williams (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x **Immediate cause** (a) Cerebral Hemorrhage

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3-25-51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19[illegible] to [illegible] 19[illegible], that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE: C. J. Adelew M.D. (Medical) (Degree or title) — ADDRESS: La Plata Md — DATE SIGNED: 3-27-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF: 3/29/51 | NAME OF CEMETERY OR CREMATORY: Zion Wesley | LOCATION (City, town, or county): Waedorf | (State): Md

DATE REC'D BY LOCAL REG.: 3-28-51 | REGISTRAR'S SIGNATURE: M. L. Moore | **24. FUNERAL DIRECTOR**: Hunter & Ryon | ADDRESS: Waedorf Md

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02541

Reg. Dist. No. 105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 3 1951

1. PLACE OF DEATH: COUNTY Chas — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marshall Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marshall Hall Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) LYLE (Last) PULLIAM
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 6- -1906
9. AGE last birthday: 45 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: For Self
11. BIRTHPLACE (State or foreign country): Parkers V-a
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Judson H Pulliam
14. MOTHER'S MAIDEN NAME: Mary Howell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: yes Burned
17. INFORMANT: Doris T Haley Sister

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
916.0 Immediate cause	(a) CONFLAGRATION	3-11-51
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 180	(b) BURNING HOUSE	3-11-51
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify): ACCIDENT
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): HOME
(CITY OR TOWN) MARSHALL HALL (COUNTY) CHAS (STATE) Md.
TIME OF INJURY: (Month) 3 (Day) 11 (Year) 51 (Hour) 11 P m.
INJURY OCCURRED: While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? HOUSE BURNED

22. I hereby certify that I attended the deceased from ...., 19......, to ...., 19......, that I last saw the deceased ~~alive on~~ 3-11, 1951, and that death occurred at ....m., from the causes and on the date stated above. Medical Examiner's Case

SIGNATURE: E J Edelen (Degree or title) M.D. ADDRESS: LaPlata Md DATE SIGNED: 3-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/13/51
NAME OF CEMETERY OR CREMATORY: Bunfy Oak
LOCATION (City, town, or county): Pomonkey (State) Md

DATE REC'D BY LOCAL REG.: 3/17/51
REGISTRAR'S SIGNATURE: M. L. Monroe
24. FUNERAL DIRECTOR: Hunt & Gray ADDRESS: Waldorf Md

9101 26

VS. A15

NAME OF DECEASED: CHARLES ROBERTS, age 72; doctor's letter filmed 4-11-51 G131 L

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02542

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanjemoy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) CHARLES (Last) Roberts

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-25-1878
9. AGE last birthday: 72 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Roberts
14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Sarah Brown Cunningham Nanjemoy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 3-14-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

420.1
94 a

(b) Gen. Art. Sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): C. Hedelen M.D. | ADDRESS: LaPlata Md. | DATE SIGNED: 3-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3/20/51 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Nanjemoy, Md

DATE REC'D BY LOCAL REG. 3/20/51 | REGISTRAR'S SIGNATURE: Julia H. Posey | 24. FUNERAL DIRECTOR: Hunt & Ryon | ADDRESS: Waldorf Md

820/105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

012543

CERTIFICATE OF DEATH

Reg. Dist. No. 106

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road / LENGTH OF STAY (in this place) 2 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Annie	Carr	Silvers	March	13	57

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	about 1884	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Knoxville. Tenn.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Carr	Nancy Katherine Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Louis B. Silvers Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage.	12 days
331x Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1, 1957, to 3/13, 1957, that I last saw the deceased alive on March 11, 1957, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Frank G. Susan M.D.	Indian Head. Md	3-13-57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/14/57	Wash. Memorial	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/57	Odey Price	Chambers	1157 52 St. Washington D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

02544

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) David (Last) Smallwood

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-5-51

9. AGE last birthday: yrs. If under 1 year: Months — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rison, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Raymond Proctor

14. MOTHER'S MAIDEN NAME: Annie Smallwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ruth Williams, Rison. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
776 × Immediate cause	(a) Prematurity (7 month pregnancy).	3 days.
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Fenton L. Susan (Degree or title) M. D. ADDRESS Indianhead, Md DATE SIGNED 3-8-51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-9-51 — NAME OF CEMETERY OR CREMATORY Alexandria Chapel — LOCATION (City, town, or county) Chicamuxen (State) Md

DATE REC'D BY LOCAL REG. 3-9-51 — REGISTRAR'S SIGNATURE Mary Smallwood

24. FUNERAL DIRECTOR None (to be buried by father of child) ADDRESS —

403051161282

Medical Examiners Case

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02545

CERTIFICATE OF DEATH

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Chas — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Slater	Webb	3	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	7-8-82	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Webb
14. MOTHER'S MAIDEN NAME: Mary Jane Noles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William H. Webb 1007 S. 18th St Arlington Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3-10-51

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
940
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hosp.	La Plata	Chas	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 3-10, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE L. J. Adelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 3-12-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/13/51	Laurel Farms	Maple Shade	Va

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/13/51	M L Moore	Truitt & Bowden	Waldorf Md

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